

**RECEIVED
CENTRAL FAX CENTER****AUG 17 2005****FAX TRANSMISSION****DATE:** August 17, 2005**PTO IDENTIFIER:** Application Number 09/704179-Conf. #2696
Patent Number**Inventor:** Robert P. ST. PIERRE**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (571) 273-8300**FROM:** LAHIVE & COCKFIELD, LLP

John S. Curran

PHONE: (617) 227-7400**Attorney Dkt. #:** SMQ-038**PAGES (including Cover Sheet):** 12**CONTENTS:**Amendment (7 pages)
Fee Transmittal (1 page)
Terminal Disclaimer (1 page)
Transmittal (1 page)
Charge \$130.00 to deposit account 12-0080
Certificate of Transmission (1 page)

If your receipt of this transmission is in error, please notify this firm immediately by collect call to sender at (617) 227-7400 and send the original transmission to us by return mail at the address below.

This transmission is intended for the sole use of the individual and entity to whom it is addressed, and may contain information that is privileged, confidential and exempt from disclosure under applicable law. You are hereby notified that any dissemination, distribution or duplication of this transmission by someone other than the intended addressee or its designated agent is strictly prohibited.

LAHIVE & COCKFIELD, LLP
28 State Street, Boston, Massachusetts 02109
Telephone: (617) 227-7400 **Facsimile:** (617) 742-4214

PTO/SB/97 (09-04)

Approved for use through 07/31/2008. OMB 0651-0031

U. S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

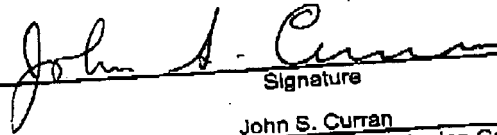
Attorney Docket No.: SMQ-038

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.
Application No. (if known): 09/704179

Certificate of Transmission under 37 CFR 1.8

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office, facsimile number (671) 273-8300.

on August 17, 2005
Date


Signature

John S. Curran

Typed or printed name of person signing Certificate

50,445
Registration Number, if applicable

(617) 227-7400
Telephone Number

Note: Each paper must have its own certificate of transmission, or this certificate must identify each submitted paper.

Amendment (7 pages)
Fee Transmittal (1 page)
Terminal Disclaimer (1 page)
Transmittal (1 page)
Charge \$130.00 to deposit account 12-0080

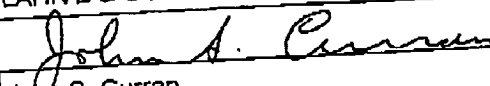
PTO/SB/21 (08-04)

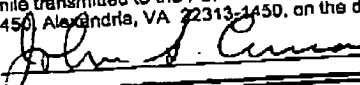
Approved for use through 07/31/2008. OMB 0851-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/704179-Conf. #2696
	Filing Date	November 1, 2000
	First Named Inventor	Robert P. ST. PIERRE
	Art Unit	2155
	Examiner Name	T. H. T. Nguyen
Attorney Docket Number		SMQ-038
Total Number of Pages in This Submission		

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input checked="" type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Certificate of Facsimile Transmission (1 page)
Remarks		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	LAHIVE & COCKFIELD, LLP	
Signature		
Printed name	John S. Curran	
Date	August 17, 2005	Reg. No. 50,445

I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, facsimile no. (571) 273-8300 at MS AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.	
Dated: August 17, 2005	Signature:  (John S. Curran)